



Direct Deposit Authorization Agreement

Company: Communities In Schools of Wake County (CIS Wake)

Employee Name: _____

I hereby authorize CIS Wake to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below to credit or debit the same entries to such account.

Depository (Bank) Name: _____

Bank Transit Number: _____

Account Number: _____

Type of Account (circle one): Checking Savings

Amount or per cent to be deposited (100% of net pay or flat amount): _____

This authority is to remain in effect until Communities In Schools of Wake County has received written notification from me on its termination in such time and in such manner as to afford Communities In Schools of Wake County a reasonable time to act on it.

Employee Signature: _____

Date: _____

Note: REQUIRED INFORMATION- Please attach a voided blank check to validate account information. If no check is available, please request direct deposit documentation from your bank that includes the routing number and bank account number needed for direct deposits.

Special Note: It is agreed upon signing this form; I understand that CIS Wake is not responsible for the consequences of any late or lost deposits beyond their control.